

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10570801

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		2		2			53						
4		2		2			54						
5		2		2			55						
6		2		2			56						
7		2		2			57						
8		2		2			58						
9		2		2			59						
10		2		2			60						
11	B	1		1			61						
12		1		1			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		2		2			66						
17		2		2			67						
18		2		2			68						
19		2		2			69						
20	2	2		2			70						
21		2		2			71						
22		2		2			72						
23		2		2			73						
24		2		2			74						
25		2		2			75						
26		2		2			76						
27		2		2			77						
28		2		2			78						
29		2		2			79						
30		2		2			80						
31		2		2			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	56	←		←	TOTAL DEP.		←		←		←
TOTAL CLASS 40			58				TOTAL CLASS 40						